



CHILDREN'S ADMINISTRATION
INDIVIDUAL SERVICE PLAN

HEALTH AND EDUCATION RECORD

CHILD'S NAME	CASE NUMBER	DATE	<input type="checkbox"/> Initial <input type="checkbox"/> Update
A. HEALTH INFORMATION			
1. NAME OF CHILD'S DOCTOR (CURRENT)		2. DATE(S) PROVIDED CARE	
		From: _____ To: _____	
3. STREET ADDRESS		CITY	STATE ZIP CODE
4. NAME OF CHILD'S DENTIST		5. DATE(S) PROVIDED CARE	
		From: _____ To: _____	
6. STREET ADDRESS		CITY	STATE ZIP CODE
7. NAME OF CHILD'S THERAPIST/COUNSELOR		8. DATE(S) PROVIDED CARE	
		From: _____ To: _____	
9. STREET ADDRESS		CITY	STATE ZIP CODE
10. ATTACH: Record of child's immunization. Examples: Certificate of Immunization Status, DOH 348-013 (formerly DSHS 13-263) or Health Department copy of immunizations.			
B. MEDICAL INFORMATION			
1. CHILD'S KNOWN MEDICAL PROBLEMS: Describe ongoing problems, allergies, etc.			
MEDICAL			
DENTAL			
PSYCHOLOGICAL			
PHYSICAL THERAPY			
GENETIC/HEREDITARY INDICATORS: List mother's or father's illnesses, etc., that child may inherit even though there are no signs at present.			
LAST ILLNESS (Measles, chicken pox, etc.)			
2. CHILD'S MEDICATIONS: List medications used daily by prescriptions used during current illness.			
MEDICATION	DOSAGE	INSTRUCTIONS	REASON

B. MEDICAL INFORMATION (CONTINUED)			
3. MISCELLANEOUS DATA: Last physical, dental check-up, etc.			
DENTAL CHECKUP DATE			
PHYSICAL EXAMINATION DATE	HEIGHT		
	WEIGHT		
OTHER MEDICAL EXAMINATIONS			
C. EDUCATIONAL INFORMATION (PRE-SCHOOL/EARLY CHILDHOOD, GRADE SCHOOLS, ETC.)			
1. NAME OF SCHOOL CHILD ATTENDED		2. GRADE LEVEL	3. DATES ATTENDED
4. STREET ADDRESS		CITY	STATE ZIP CODE
5. SCHOOL COUNSELOR'S NAME		6. TELEPHONE NUMBER	
7. NAME OF SCHOOL CHILD ATTENDED		8. GRADE LEVEL	9. DATES ATTENDED
10. STREET ADDRESS		CITY	STATE ZIP CODE
11. SCHOOL COUNSELOR'S NAME		12. TELEPHONE NUMBER	
13. NAME OF SCHOOL CHILD ATTENDED		14. GRADE LEVEL	15. DATES ATTENDED
16. STREET ADDRESS		CITY	STATE ZIP CODE
17. SCHOOL COUNSELOR'S NAME		18. TELEPHONE NUMBER	
19. Does the child have any learning disorders or attend special classes?			
20. ATTACH: Child's school record. Examples: Copy of report card, progress report, Individual Education Plan (IEP), etc.			
MISCELLANEOUS DATA: Extra curricular activities, sports, hobbies, etc.			
21. Copies sent to foster parent/relative placement on _____ (do not distribute to parents of child if not attached)			

to court report.